Care Unique Ltd

# Care Unique Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

Our inspection of Care Unique Limited took place on 28, 29 and 30 September 2016 and was announced.

The service is an independent home care company, based in Bradford, West Yorkshire, providing services for people who require care and support in their own home, including child care. Care Unique Limited also specialises in providing care and support for people of South Asian, African Caribbean and Eastern European backgrounds. At the time of our inspection, Care Unique was providing services for 35 people.

There was a registered manager in position. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Appropriate safeguarding mechanisms were in place and staff understood how to keep people safe from harm or abuse. Risk assessments had been undertaken to mitigate risks.

Accidents and injuries were documented with outcomes and actions put in place to prevent reoccurrence.

Staffing levels were safe. People told us they generally saw the same staff who understood their needs, stayed the allocated time and completed all required care and support tasks.

A robust recruitment process was in place and staff had the necessary training to carry out their duties. A system of staff supervisions, appraisals and spot checks was in place.

The service was working within the legal framework of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and the registered manager understood their legal responsibilities under the Act.

People's needs were assessed and a plan of care implemented which was reviewed regularly. People and their relatives told us they were involved in this process and their preferences were taken into account wherever possible.

A complaints procedure was in place, complaints were taken seriously and investigated thoroughly.

People were supported to consume a varied diet according to their cultural needs and requirements. Staff communicated with people in their own language.

Staff knew people well and treated them with dignity and respect. People told us they were supported in a kind and caring manner, their healthcare needs were met and appropriate referrals made where required.

The registered manager was respected and considered approachable by staff and most people. The

management team were willing to look at ways to help improve the service.

Regular staff meetings were held and quality questionnaires and surveys were sent out annually to staff and people who used the service.

Although some quality assurance was in place, there was a lack of audit of care records or daily records of care.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Appropriate risk assessments were in place to help keep people safe.

People told us they felt safe.

Effective recruitment procedures were in place to ensure staff employed were suitable to care and support vulnerable people. Sufficient staff were currently deployed.

### Is the service effective?

Good

The service was effective.

The service was working within the legal framework of the Mental Capacity Act 2005.

People's choices were respected and basic information about people's nutritional needs were recorded in their care records.

Staff training was mostly up to date.

People's healthcare needs were assessed and the service liaised with a range of external health professionals.

### Is the service caring?

Good

The service was caring.

People told us staff were caring and kind. Staff knew people well.

People told us the ability of staff to speak with them in their own language was valued and an important aspect of the care and support they received.

People's dignity and privacy was respected.

### Is the service responsive?

Good

The service was responsive.

People's choices and preferences were sought and respected.

People's care needs were assessed, plans of care devised which were reviewed annually or when care and support needs altered.

Policies and procedures were in place regarding complaints, including actions, outcomes and lessons learned.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

There was a lack of auditing of care records, call times and daily records to help monitor and improve the quality of service provision.

A respected and professional management team was in place.

People were involved in the service through an annual questionnaire.

Regular staff meetings were held as well as an annual questionnaire.

# Care Unique Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection of Care Unique Ltd took place on 28, 29 and 30 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience used on this occasion had experience of domiciliary care.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and any statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams and asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During our visit to the provider's office we looked at three care records of people who used the service, some in detail and others to check specific information, four staff recruitment files, training records, medicines records and other records relating to the day to day running of the service.

During the inspection we spoke with the registered manager and company secretary. We carried out telephone interviews with ten people who either used the service or their relatives and six care staff on 29 and 30 September 2016.

Good

# Is the service safe?

## Our findings

The nature of the service meant most people using the service lived with relatives who were present during care visits. We were therefore able to ask relatives about their observations of the care and support provided. People told us they felt safe with the care workers who came and trusted them. One relative told us they thought their family member was safe with the care workers and commented, "I am always present throughout." People also commented care staff ensured the premises were secured when they left.

Care records demonstrated risks to people's health and safety were assessed and risk assessments put in place. This included assessing risks related to people's nutrition, behaviours that challenge and their living environment. Where risks were identified control measures were documented for staff to follow; for example, instructions to staff on the consistency of food required to be served. Manual handling risks were assessed and plans of care put in place. Where more complex handling was required a comprehensive risk assessment was put in place for staff to follow, detailing how to assist with each type of transfer. Records showed where two staff were required to ensure the person was kept safe during moving and handling procedures this was adhered to.

The service held information on how to gain access to people's home, for example through liaising with relatives or through the management of keys. A family member told us their relative felt very safe and said, "The carer always opens and locks properly."

We spoke with the registered manager about safeguarding. Answers demonstrated they understood when and how to make a safeguarding referral. A low number of safeguarding incidents had occurred within the service, but following these few incidents the registered manager had followed the correct procedure by raising an alert with the local authority and completing a Care Quality Commission notification.

We saw staff had received training in safeguarding and this was confirmed by speaking with care staff. The staff we spoke with told us they knew what to do if they had concerns about a person they were supporting.

All staff had all received training in the safe management of medicines. At the time of the inspection, the service was only providing medicine support to one person. This arrangement had only been in place since the end of July 2016 so we were limited in the information we could review in relation to medicines management.

We reviewed the person's medication records. The service kept a complete list of the medicines the person was prescribed to aid in the planning of appropriate care. We found the one medicine administration record (MAR) completed had been promptly brought back to the office for review by management. The MAR contained full details of the support provided, including information on each of the medicines the person was prescribed which matched the prescription. Staff had added a brief description of the colour of the tablet to aid its correct identification. The MAR chart was well completed with no gaps indicating the person had received their medicines in line with the prescriber's instructions.

Where families provided medication support this was clearly specified within care and support plans to ensure all parties were aware of their responsibilities.

Although it was not necessary to formally audit medication records at this stage, the registered manager assured us they currently checked the MAR at the end of each month and would undertake a formal audit should further people require medication support.

Daily records of care indicated there were sufficient staff to ensure people received calls at reasonably consistent times each day and staff stayed for the required amount of time. We reviewed the staffing rotas and concluded there were currently enough staff deployed to cover people's care and support needs. The registered manager was on call when the office was closed and staff and people who used the service had been given their mobile number. However, the registered manager told us they were aware of the need to review both the on call system and staffing levels with increased demand for the service.

The registered manager told us staff were assigned care visits in a particular postcode so people would receive the same care staff wherever possible. People told us they usually received care and support from the same staff apart from sickness and holiday. A relative confirmed this, saying, "I get the same carers usually." We reviewed call times in the people's care records we checked and found these to be largely consistent and in keeping with people's preferences. People told us staff were usually on time, stayed for the required length of time until their tasks were completed and were not hurried in their approach. Staff told us there were normally sufficient staff, they didn't feel rushed and were given enough travel time between calls. However, one relative we spoke with thought the service needed to be more flexible with call times, for instance, when they requested an earlier visit.

Robust recruitment procedures were in place to ensure staff were suitable for the role and safe to work with vulnerable people. This included obtaining a Disclosure and Barring Service (DBS) check and two positive written references before staff commenced work. We reviewed four staff files and saw correct procedures had been followed in all cases.

We looked at the accident and incident reports and saw there were very few of these. However, these had been well documented including probable cause and remedial actions taken to help prevent re-occurrence. This showed us there were good safety measures in place for people using the service and care workers.

Good

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found no people were currently subject to DoLS. Staff had received training in the Mental Capacity Act.

We asked the registered manager questions about the Mental Capacity Act and their answers demonstrated an adequate understanding and they would ensure any decisions made for people without capacity were in their best interest.

Information was present within people's care files demonstrating their ability to make decisions had been assessed. People and/or their relatives had been involved in decisions relating to care and support and had signed care plans and review documents. Consent documents were in place for areas such as holding keys, authorisation to view records and medication support.

Daily records of care provided evidence that people were offered choices during their care and support interventions and these were respected by staff including refusals. Staff and people we spoke with confirmed our findings.

Some people were supported with food and drink. Any risks associated with nutrition were identified through the risk screening process; for example, if they required a soft diet or a specific consistency of food. The registered manager gave us an example of how they had identified a nutritional risk to one person and had liaised with their GP over the prescription of a nutritional supplement. Care plans were in place which included information on what nutritional support to provide, as well as details of family involvement. We identified some of these could have included more person centred information; for example, including more detailed information on what type of food was required to be prepared. We saw people's nutritional support was an item in staff meetings, including specific information about food preparation; for example, how people liked their chapattis cooked.

Some people who used the service had epilepsy. We reviewed the records of one person with epilepsy and found at least one staff member going into their home had received training in epilepsy. We spoke with the registered manager who told us they were planning for all staff to attend this training.

We reviewed the training matrix and saw most staff training was up to date. However, some training such as

fire safety and MCA needed reviewing, with 11 out of 36 staff being out of date in these subjects. The registered manager told us they would ensure this training was updated and also said they were going to be enrolling all staff on epilepsy, diabetes and stroke training during the next few months. We saw some staff were enrolled on National Vocational Qualifications (NVQ). Training was provided face to face with local training companies although the registered manager was looking to use video training for some subjects such as challenging behaviours. We spoke with staff who told us they had received good training and support from the provider.

The registered manager explained if they recruited care workers with no previous experience of working in the care sector they would be expected to complete the Care Certificate. The Care Certificate is a set of standards to equip health and social care support workers with the knowledge and skills they need to provider safe and compassionate care. However, the registered manager explained due to the nature of the role, they preferred to recruit people with care experience. All new staff completed a three months' probationary period which included two week's shadowing, observations and supervisions.

We saw evidence of regular staff supervisions, spot checks and annual appraisals. Staff we spoke with confirmed these took place.

People's healthcare needs were assessed and information on any medical conditions was present within their care files for staff to refer to. The manager told us the service liaised with a range of external health professionals such as district nurses. Care staff were required to inform the registered manager about any changes in people's healthcare needs, who would then refer to the relevant professional. We found details of contact with external professionals was not logged within the person's care records and was done more informally. We spoke with the registered manager about the need to ensure this was done in a more structured way. However, people we spoke with confirmed staff supported them to access healthcare when required.

Good

# Is the service caring?

## Our findings

People and their relatives told us staff were caring, compassionate and respectful. A relative told us they thought staff were friendly and commented, "They have a chat and a banter with [person]." Other people's family members we spoke with said they were pleased with the care and support their relative received and one commented, "The service by carers and company is excellent." All the people we spoke with were happy with the staff and said their care and support needs were met. Other comments included, "Carers are very caring people and looked after us well all the time during the visits," and, "Carers are very friendly, polite, caring, kind, respectful, trusted and have good relations with us."

Staff told us when they started working for the company they received training on treating people with dignity and respect and put this into practice in their work. Staff knew people well due to the low staff turnover and providing care and support to a regular group of people. They told us this meant they had built up good relationships as a result.

The service employed a diverse workforce who spoke a variety of south Asian languages to help ensure they could communicate effectively and meet the needs of the people who used the service. People we spoke with said they appreciated this since the ability to communicate with their care worker was of great importance to them. Information on people's ability to communicate and the support they required was documented within care and support plans. Information was provided in different formats to meet people's individual requirements. For example, the service user guide which included details of how to complain and a leaflet about the services offered was available in different languages.

Information was present within care records on people's likes and dislikes, although there was no information on people's life histories. However the registered manager and staff we spoke with demonstrated they had a very good understanding of the people who used the service and their individual needs. Their knowledge provided us with assurance they had developed good positive relationships with the people that used the service.

We saw evidence in people's care records of consent being sought and people being involved in their planning of care. People told us they and family members were involved in planning and reviewing their care and support needs.

People we spoke with agreed staff respected their privacy and dignity. They told us staff closed windows, doors and curtains when providing personal care. One person's relative told us, "They cover [person] up with a towel until they are washing that area. They talk to [person] throughout; always smile and don't complain." Staff we spoke with were able to tell us how they respected people's privacy and dignity

Good

# Is the service responsive?

## Our findings

The registered manager told us they thought carefully about taking on any new care packages, analysing staff availability and the person's call time preference before accepting care and support packages. This helped ensure a reliable and consistent service was provided to people.

People's care needs were assessed prior to using the service in a range of areas including mobility, nutrition, safety, medication and continence. This initial information was used to inform plans of care which provided instructions for staff to follow at each visit.

People's preferences were sought in order to provide a personalised plan of care. This included any likes, dislikes as well as social, religious or cultural needs. This included information on any requirements with regards to diet or the languages that they spoke in order to match staff appropriately with them.

People's preferred call time was sought and specified within their care and support plans. We reviewed daily records and found overall call times took place at the same time each day, albeit with some minor variation, in line with people's care and support requirements. We found call times were of the appropriate length and the required number of staff attended. This provided assurance that people's individual needs were met. People we spoke with agreed and told us staff stayed until tasks were completed.

Care records were reviewed annually or when there was a change in people's care and support needs. For example, one relative told us their family member's care plan had been updated recently following a hospital stay and an alteration in their care needs. We looked at the review documents which showed people and /or their relatives were fully involved. The review provided comments on each aspect of the care and support package and any changes required to ensure the person's needs continued to be met. People we spoke with told us they or their relatives were involved with the review of their care and this was done on a regular basis. One relative commented about the care plan, "It's appropriate to [relative's] needs."

The service had a complaints policy and people told us they knew how to complain or raise a concern. One person's relative told us, "I'll speak with the care workers or with [registered manager] via a text." The service had a complaints log in place, detailing the nature of the complaint, action taken and outcome. We saw where investigations had been required, these were fully completed and documented.

The service had received a number of compliments through cards, letters and emails. These included comments such as, "The level of care provided by Care Unique was excellent", "I would not hesitate in recommending your company to anybody who would want such care" and, "The girls that attended to [relative] twice a day were fantastic and they did a great job."

Requires Improvement

# Is the service well-led?

## Our findings

We saw the service had received a number of awards in recognition of quality and the specialist nature of the agency. The registered manager told us, "We're not just providing care. We're acting as advocates, the voice of these people. We do so much more. In that diverse community there's so many cultures and our workers reflect that." They also told us, "I love to care for people. I love this business. We have a good reputation and a good workforce." The company secretary also commented, "If you look after your staff they'll help you out."

We heard the registered manager speaking with a number of staff and people who used the service or their relatives during the inspection. They spoke with people in their own language and clearly knew people and their care and support needs well. They told us they were happy for people to contact them at any time and said, "They have my (mobile) number." The registered manager told us they worked at least one shift each month to check the care provided was appropriate and people were happy with the service provision.

The registered manager demonstrated a dedication to providing a high quality service to people. They were receptive to the feedback we provided to further improve the quality of the service through the development of more robust systems to assess and monitor the quality of the service.

The registered manager told us that at present they did not undertake any audit of daily records of care or care records. Had a robust audit system been in place, discrepancies found in care records could have been identified by the provider. For example, one person's care records did not state they now required support with medicines and a nutritional supplement, although from reviewing MAR charts and daily records we established the required support was being provided. In some care plans we looked at there was insufficient detail recorded for staff to follow. For example, some care plans stated to provide 'continence care' or 'prepare breakfast' rather than the details of how to do this in an individualised and person centred way.

In all three people's records we looked at we found gaps in the recording where we could not confirm whether the people had received care and support. For example, one person's records showed they required two calls per day. However in June 2016, there were five entries missing and three in July 2016. In another person's records we found four calls were not documented in August 2016. We raised this with the registered manager who said they were confident the calls took place but staff were not always documenting these. People and staff we spoke with told us they had not had any missed calls. However, since quality assurance processes were not in place, these discrepancies and gaps had not been uncovered. The registered manger told us they would ensure a system of audit was put in place.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A quality assurance policy was in place which stated the service would carry out checks such as an annual service user visit, checks on staff to monitor the care delivered and an annual service user questionnaire. From our review of records, we saw these checks had been carried out. The service had also conducted a

quality control survey which included analysing results from the annual service user and staff surveys, as well as the office accommodation, insurance, uniform, infection control measures and communication methods.

From our inspection and speaking with staff and people who used the service we concluded there was a positive culture within the service. People we spoke with told us they thought the management team were very good and provided the right staff who spoke their language. They also said the management team kept in regular contact with them or their family to check their service provision and listen to any concerns. One family member we spoke with told us, "Outstanding service and will highly recommend to others."

Staff we spoke with told us they were very happy working for the service and felt supported. They told us they felt able to speak with the registered manager about any concerns. All the staff we spoke with said they would highly recommend the service to others.

The service sent out questionnaires annually to people who used the service. We looked at the most recent results and saw the results were generally positive, the service analysed responses and any concerns raised discussed with the person or their relative.

We saw the service held regular staff meetings with relevant topics on the agenda such as staff workload, health and safety, safeguarding, training, quality assurance and other relevant topics. Staff also completed an annual questionnaire and we saw the results were positive.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Quality assurance systems were not in place to help monitor and improve the service.<br>The service had not maintained an accurate, complete and contemporaneous record in respect of each service user.<br><br>Regulation 17 (1)(2)(a)(c), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |